MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-011852
STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1819

FILED APR 4 1963

DO NOT WRITE ON THIS STUB — AMENDED

VS 300
Rev. 4/59

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
1			
23	X88		
3			
4	1		
5	2		
6			
7	1		
8	2		
9	33/XF		
10			
11			
12	65.0		
13			

BY AFFIDAVIT OF — DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Kansas City
Length of stay in 1b: 3yrs
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: St. Joseph Hospital
Inside Limits: Yes [X] No [ ]

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Jackson
c. CITY OR TOWN: Kansas City
Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 9201 Stubbs Rd.
Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First NETA Middle M. Last PICKERILL

4. DATE OF DEATH: Month March Day 20 Year 1963

5. SEX: Female

6. COLOR OR RACE: White

7. Married [ ] Never Married [ ] Widowed [X] Divorced [ ]

8. DATE OF BIRTH: 12-4-1889

9. AGE (last birthday): 73

IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HR: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (City and state or country): Avoca, Iowa

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Herman M

13b. MOTHER'S MAIDEN NAME: Emilia Dobernicker

14. NAME OF HUSBAND OR WIFE: Frank M Pickerill

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of servi: No

16. SOCIAL SECURITY NO.:

17. INFORMANT Address: Francis M. Pickerill, 9201 Stubbs Rd.

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Broncho pneumia	3-4 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Cerebral vascular accident	9 days
DUE TO (c)		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Fractured rt hip

PART III. If deceased was female was there a pregnancy in last 90 days. [ ] Yes [ ] No [ ] Unknown

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

20a. ACCIDENT [X] **SUICIDE** [ ] **HOMICIDE** [ ]

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.): Fell at nursing home

20c. TIME OF INJURY Hour: a.m. p.m. Month, Day, Year:

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

MEDICAL CERTIFICATION

21. I attended the deceased from March 1, 1963 to Mar 20, 1963 and last saw her/him alive on Mar 20, 1963
Death occurred at 6:40 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Donald Kirk Pipes

22b. ADDRESS: Prof. Bldg K.C. Mo

22c. DATE SIGNED: 3/21/63

Donald Kirk Pipes

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal

23b. DATE: 3-21-1963

23c. NAME OF CEMETERY OR CREMATORY: Avoca, Iowa

23d. LOCATION (City, town, or county) (State): Avoca, Iowa

24. FUNERAL DIRECTOR ADDRESS: Mellody-McGilley-Eylar Funeral Home 1800 E Linwood, K.C., Mo.

25. DATE RECD. BY LOCAL REG.: 3-21-63

26. REGISTRAR'S SIGNATURE: Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

Donald K. Pepper
Resp. Body
Ve 2-9232

Take to St Joseph Hosp.

Mellody McGilly Taylor
WA-1-7717

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____, Student Embalmer No._____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed James E. Rheblenan

Licensed Embalmer No. 4573

P. O. Address T. C. Pa.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.